

PERMIT APPLICATION

JOB ADDRESS:		COUNTY:		LOT:		BLOCK:
SUBDIVISION:		VALUATION OF JOB: \$		TDLR F	ROJECT #: E	ABPRJ
OWNER INFORMATION:						
ADDRESS:	4.1					
PHONE:	CELL PHONE:		FAX:		E-MAIL:	
APPLICANT INFORMATIO	 N:		- I was a			
ADDRESS:						
PHONE:	CELL PHONE:		FAX:		E-MAIL:	
CONTRACTOR INFORMAT	TON:					
ADDRESS:						
PHONE:	CELL PHONE:		FAX:		E-MAIL:	
THOME.	OLLE I HONE.	-1	1700.		E-WAL.	
Scope of work will include			т.			—
☐Off Site Utilities	Drainage			*	Paving	
Retaining Wall (over 4 ft.	er 6ft. high)				Fill (total yards)	
☐Tree Removal	∐Pool/Spa/l	Fountain (Pub	lic)	ach (curb cut E]Yes □No)	Other
	PLE	ASE R	EAD CAR	EFULLY		
This permit becomes n						s, or if construction or work is
suspended or abandone	ed for a period of 180	days at any tir	me after work is con	nmenced.		
If Approach: Attach a done by the City of Man				ere approach	will be located	I. If a curb cut is required and
restrictions and/or cove deed restrictions and/or If Tree Removal: A sep	nants which might be covenants prior to sta parate permit is require	e associated varting improve	with this property. ments.	The City of Ma	ansfield recom	not regulate or enforce deed imends the verification of any ect. All provisions of laws and
	ranting of a permit doe	es not presum	e to give authority to			ions of any other state or loca
Signature of Applicant: Date:						
			AMARIA MARANA			
Please Print Name:	S SECTION	RESE	RVED FO	RSTAI	FFREV	I E W
Department	Approved	A	pproved As Noted		Denied	Date
Development Services				27 270		
Planning and Zoning						
Landscape Administrator					80 0 COMP	
Engineering						
Public Works						
Environmental						
Fire	-					
Tarrant County Health				an-	- (C	
COMMENTS:						
- · · -						
Permit Type:	Zoning:		olain F.F.	Drainage Uti	-	Service Area:
FEES:	Plan Review Fee:\$	Permi	t Fee:\$	Curb Cut Fe	e:\$	Total Fee:\$